	TOR OLLING OOL ONLY
Petitioner's Name:	
Address:	
City, State, ZIP Code:	
Telephone No:	
Representing Self, without a lawyer OR	
Attorney for	
,	
IN THE SUPERIOR COURT OF ARIZONA, MARICO	PA COUNTY
In the Matter of the Estate of	
PB No:	
FD NU.	

## ☐an Adult ☐a Minor, deceased **CLAIM AGAINST ESTATE** 1. My name and address is: 2. The Estate is indebted to me in the amount of \$\_\_\_\_\_\_. 3. The basis of my claim is: (**NOTE:** Complete number 4 or 5 <u>only</u> if either apply to your claim.) The claim is not yet due. It will become due on (date) 4. 5. The claim is secured by the following property (describe): 6. I am mailing a copy of the Claim against Estate to the Personal Representative, if one has been appointed. **DATED** this \_\_\_\_\_\_ day of \_\_\_\_\_\_ 20 Signature

Print Name